

Hamlet at Poinciana Condominium Association, Inc.
11621 Kew Gardens Avenue, Suite 200, Palm Beach Gardens, FL 33410

Patient's Consent for Healthcare Provider's Release of Information

Healthcare provider's name: Dr. James Campbell
Address: 130 S. University Drive, Suite A. Plantation, FL 33324
Telephone number: 954-707-9391

I, Beverly Buncher, hereby provide my consent to James Campbell, my healthcare provider, so that they may speak with an authorized representative of Hamlet at Poinciana Condominium Association, Inc. in conjunction with my Service Animal / Emotional Support Animal Application if it is necessary for clarification of statements in the Statement of Qualifying Health Professional. I understand that the only information my healthcare provider is permitted to release is that which is related to my need for the service or companion animal. The healthcare provider will not be requested to state my medical diagnosis, only the ways in which my disability substantially limits one or more major life activities, and the reason(s) I need the animal.


Requesting Party's Signature

1/25/22
Date

Beverly A Buncher
Printed Name of Requesting Party

EXHIBIT 4